



## Conformation Handling Class Registration

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Dog's Registered Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Dog's Call Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Breeder: \_\_\_\_\_  
Vaccination dates: \_\_\_\_\_

Specific issues related to showing that you want to work on with this dog? \_\_\_\_\_  
\_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_

How did you hear about these classes? \_\_\_\_\_

Anything else we should know about you and/or your dog? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to attend the conformation classes taught by Maverick Dog Training. I do hereby waive and release Maverick Dog Training from any and all liability of any nature. This includes any injury, death, sickness, or damage my pet incur or may cause to any family members or any third parties during and after training. I understand that payment is due in full at the each class attended unless otherwise arranged with the trainer. Payment can be made by cash or personal check.

I understand and agree to all terms and conditions set forth above and have completed this form to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_